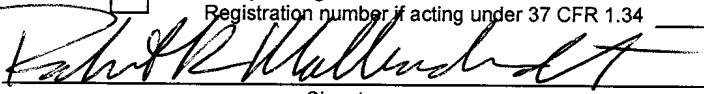


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2009		02310-40005
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number 10/763,981	Filed 01/23/2004	
For Method and Apparatus to Improve the Concentration Detection Sensitivity in Isoelectric Focusing . . .		
Art Unit 1795	Examiner	Olsen, Kaj K.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65 \$ 65
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245 \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555 \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865 \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175 \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-0100.		
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 26565		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
 _____ Signature		November 14, 2008 _____ Date
Robert R. Mallinckrodt _____ Typed or printed name		801-566-6633 _____ Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*